6. **Approximate duration of each exhibition / training / safeguarding (per species) and the number of working hours per day or per week.**
(*May attach a work program*)

Species	Duration of exhibition (hours per day/week)	Duration of training (hours per day/week)	Duration of safeguarding (hours per day/week)

7. **Has the owner of the business or any employees been convicted of cruelty to animals in the Republic of South Africa or elsewhere?**

Please tick

Yes ☐ No ☐	If yes, please give full particulars of the person's name, charge, date, place and outcome of trial

8. **Full particulars of the responsible PRIVATE/FACILITY veterinarian.**

Name of veterinarian:	Dr. Stephen Smith
SAVC Registration no:	D96/3856
Telephone numbers:	021 919 1191
Fax number:	
Email address:	Stephen@tah.co.za
Physical address:	TAH Bellville, 1 Kontiki Rd, Glen Ive, 7530 Cape Town

Declaration: I declare that

1. I will make myself available to visit the facility at least twice per year at an interval of at least 4 months apart.
2. I undertake to inform the officer of any suspicious mortalities, illnesses and welfare problems within 24hours of becoming aware of them.
3. I will inform the officer if my services are terminated by the facility for any reason whatsoever.
4. I will make available clinical records to the officer on request even after the termination of the client/vet relationship, with the consent of the owner.

Signature: .....

Practice stamp:

TAH BELLVILLE
1 Kontiki Avenue, Glen Ive, 7550
021 919 1191

Date: 19/09/2023

9. **Certified Copy of the applicant's ID attached** Yes ☐ No ☐

10. **Proof of Payment attached** Yes ☐ No ☐